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**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

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|--|----------------------|------------------------|------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/824063 | |
| | Filing Date | 4/13/2004 | |
| | First Named Inventor | Renate Fruchter | |
| | Art Unit | 2178 | |
| | Examiner Name | CAMPBELL, JOSHUA D | |
| Total Number of Pages in This Submission | | Attorney Docket Number | S03-359/US |

ENCLOSURES (Check all that apply)

| | | |
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawings | <input type="checkbox"/> After Allowance Comm. to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related papers | <input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other (Specified below) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Doc(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | Other: | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---------------------------------|---------------------|--------|
| FIRM NAME | LUMEN PATENT FIRM, Inc. | | |
| SIGNATURE | / Trieu T. Mai / Reg.No. 61,354 | | |
| PRINTED NAME | Trieu T. Mai | | |
| DATE | 5/15/08 | REGISTRATION NUMBER | 61,354 |

CERTIFICATE OF TRANSMISSION/MAILING

| | |
|--|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below: | |
| SIGNATURE | / Samira Uddin / |
| PRINTED NAME | Samira Uddin |
| DATE | 5/15/08 |

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/824,063

Conf. No.: 6079

5 First named inventor: Fruchter, Renate

Filing date: 04/13/2004

Title: Concurrent Voice to Text and Sketch Processing with
Synchronized Replay

TC/A.U.: 2178

10 Examiner: Campbell, Joshua D.

Docket No.: S03-359/US

Customer No.: 30869

Reply under 37 CFR 1.111

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Commissioner for Patents
Alexandria, VA 22313-1450

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Sir:

This reply is in response to an office action dated March 11, 2008. With this reply, the Applicant kindly submits the following.